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TRAVEL EXPENSE CLAIM

	IN EXPR		Holder ∐ YE		O HR PERSO					ns and privacy statement on page 2. EE VENDOR NUMBER						
CLAIIVIA	INI O INAI	IVIL		'	IIV I LINGO	ININEL INUIVI	ויירו				LIVIFLOT	LL VLINL	OK NOWDER	`		
CLASSIFICATION					RGAINING	IBER	DIVISION, BRANCH, ETC.				OFFICE PHONE					
RESIDENCE ADDRESS*								HEADQUARTERS ADDRESS						ROOM NUMBER		
CITY					STATE ZIP CODE		≣	CITY			STATE		ZIP CODE			
(1) NORMAL WORK HOURS									(2) PRIVATE VEHICLE LICENSE NUMBERS							
(1) 1401	WITTE WO	racrioono				Off		(2) 1 1(17)	(IL VL)	HOLL LIOL	INOL NO	MDLING				
(3) EXC	ESS LOD	GING APPR	OVAL (STD 255c)	(4) MILEAGE CLAIM RATE				E (5) TOTAL MILES CLAIMED							
	YES	NO)				1							1		
(6) MONTH/YEAR		(8) LOCAT PURPOSE	OF		(10) MEAL	.S O.T. L/T	(11))			ANSPORTATION (D)		(E)	(13)	(14)	
(7) DATE	TIME	TRIP FC EXPENS INCURRI	DR LODGING	BREAK- FAST	LUNCH	N/C RELO. OR DINNER	INCI- DEN- TALS	- TYPE	(B) HOW PAID	(C) COST OF TRANS	PRIVATE	ĆAR USE AMOUNT	CARFARE, TOLLS, PARKING	BUSINESS EXPENSE		
SUBTOTALS																
(15) COST OBJECT AMOUNT				REMA	REMARKS AND DETAILS (Attach receipts/vouchers when required) CLAIM TOTAL											
				-												
(16) TC	TAL			-												
		ERTIFY th	at the above is	a true st	atement o	of the trave	el expe	enses incl	urred b	y me in ad	ccordanc	e with DF	PA rules in t	ne State of	:	
California	a and tha	at all items	shown were for with DAM 4131	official S	State busi	ness. I als	so cert	ify that if	a priva	tely-owne	d vehicle	was use	d, I have m	et the insu	rance	
greater t	nan the	rate claime	d for mileage ra	tes exce	eding the	minimum	amou	nt permitt	ed by	the IRS, D	PA rules	, or the a	ppropriate N	MOU.	1 10 01	
SIGNAT	URE OF	CLAIMANT				D/	ATE	(18) SIGN	IATURE	OF OFFIC	ER APPR	OVING PA	AYMENT		DATE	
(19) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES DATE									FOR ACCOUNTING USE ONLY							
TITLE									REVOLVING FUND CHECK NUMBER/CHECK DATE							

TRIP NUMBER

NCR USE ONLY